

## BROOKHAVEN NATIONAL LABORATORY - RECORDS INDEX FORM

Owner's Name:		Date:		
Record Custodian Name (if different from owner):		Building:	Room Number:	
Departmental Records Representative:		Dept. Code:		
Department/Division:		Group/Program Area:		
Item No.	Title and Description of Records Series	<b>Instructions:</b> (1) In the BNL Site-Specific Records Schedule, locate the applicable Record Title and Description of Records Series, DOE/GRS Schedule & Item Number, and the Cutoff and Total Retention. (2) Highlight the entire line and perform a copy and paste operation into the Records Index Form. <i>Note: If your particular record is not listed, contact your Dept./Div. Records Representative.</i>		
		DOE/GRS Schedule and Item No.	Cutoff	Total Retention
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